

A Dialogue Between the Sexes

MEN, WOMEN AND AIDS PREVENTION



Family Health International
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Family Health International (FHI) is a nongovernmental organization that works to improve reproductive health around the world, with an emphasis on developing nations. FHI has conducted HIV/AIDS prevention programs in 40 countries. Since 1991, FHI has implemented the AIDS Control and Prevention Project (AIDSCAP), which is funded by the United States Agency for International Development (USAID). The AIDSCAP Women's Initiative was established in 1994 to mainstream gender issues throughout AIDSCAP and raise awareness about women and HIV/AIDS within the international community.

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While there is growing acknowledgment of the unique threat that HIV (human immunodeficiency virus) and AIDS (acquired immune deficiency syndrome) pose to women globally, very little attention has been focused on the challenges facing men—particularly heterosexual men—living with the realities of the epidemic. In developing nations, where 90 percent of HIV/AIDS infections occur, current public policies and family planning programs often focus on educating women, but rarely incorporate what men think, say, or can and should do.

“Because men in most cultures dominate decision-making and have greater independent control over sexual relations,” Kathryn Carovano wrote for the United Nations Development Programme (UNDP), “it is imperative that efforts to respond to the epidemic and promote behavior change place greater emphasis on men.”¹

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Preface

In a major shift from the early stages of the AIDS epidemic, women and men are currently being infected with HIV in almost equal numbers. There is growing agreement that a central obstacle to HIV/AIDS prevention in women is their lack of power and resources compared to those of men. The Eleventh International Conference on AIDS in Vancouver, July 7-12, 1996, provides a unique opportunity to focus world attention on how the HIV/AIDS epidemic is affecting women and to examine policies, research and programs with this new reality in mind.

It has been two years since the world's top experts convened for the International Conference on AIDS in Yokohama, Japan. In the interim, more than 30,000 women gathered in Beijing, China, for the United Nations (UN) Fourth World Conference on Women. At this historic meeting, representatives from 189 nations agreed on the Platform for Action, a 140-page document that serves as a blueprint for improving the status of women. A three-page section of the Platform addresses the need for concerted action to combat HIV/AIDS in women. It recognizes that men, who have greater access to power and resources, must share responsibility for preventing the spread of the disease.

The Vancouver conference offers four tracks: Basic Science; Clinical Science; Epidemiology and Public Health; and Social Science: Research, Policy and Action. The organizers also created three key pathways — Women and HIV, Living with HIV, and Development and HIV — which focus the participants' attention by weaving these themes throughout the conference tracks. The Women and HIV pathway is an important acknowledgment of an issue that, until now, has been largely peripheral to global discussions about HIV/AIDS.

On July 6, 1996, the AIDSCAP Women's Initiative will convene 100 men and women for a one-day satellite meeting in Vancouver, an interactive event called "Men, Women and AIDS: A Dialogue Between the Sexes." The satellite seeks ways to break down the barriers that prevent direct discussion about the responsibilities of men and women in stemming the HIV/AIDS epidemic. Participants will include community organizers, policymakers, HIV-positive persons, researchers, donors and others involved with HIV/AIDS prevention.

The Women's Initiative maintains that a lack of constructive dialogue about gender currently pre-

vails, creating an obstacle to HIV/AIDS prevention at all levels—in communities and families and between partners. The satellite is an attempt to provide a forum where men and women can

openly confront issues of sexuality, power and change.

Peter Lamptey
Senior Vice President of AIDS Programs, FHI
Director, FHI's AIDSCAP Project

Introduction

VANCOUVER: LOOKING FORWARD

In a position paper on women's health written for the UN Fourth World Conference on Women in Beijing, China, in 1995, the World Health Organization (WHO) noted that the HIV/AIDS pandemic, while disastrous, has "made possible a far more public discussion of topics that have previously been difficult to address in a frank and open manner: sexuality, human rights issues related to sexual and reproductive health, and the inequality between women and men in relationships."²

In spite of women's relative lack of social and political power, the Beijing conference was part of a movement that could have a profound effect on how entire societies are structured. It also has important implications for preventing HIV/AIDS, particularly among women.

Men have been at the center of the epidemic for ten years and have suffered enormously. Yet heterosexual men have not had the same opportunities as women to define their agenda, to form a movement and take responsibility. If the HIV/AIDS epidemic is to be

stopped, however, gender concerns must be balanced. Women can not succeed in preventing HIV/AIDS without men, and vice versa.

Unfortunately, there is a dearth of information on how heterosexual men respond to HIV/AIDS prevention efforts. "The advent of the AIDS epidemic brought into sharp relief the absence of information on men," a recent study in *Health Policy and Planning* commented. "Little is known about men's perceptions of their roles in reproductive health."³

We do know that increased involvement and commitment by men can be encouraged without guilt or scare tactics. Messages that challenge men, provide information and encourage responsibility have been more effective than those driven by fear and panic. "AIDS communication must be non-moralizing,

A spirit of mutual respect

"Women face extra challenges in protecting themselves and their children from HIV infection. But this social vulnerability is hard for women to challenge as individuals, or through female solidarity alone. It will take an alliance of men and women working in a spirit of mutual respect."

**—Michael Merson, then Executive Director,
WHO Global Programme on AIDS⁵
now Dean of Public Health, Yale University**

must promote acceptance of non-dominant ways of life, and in addition, must consciously promote mutually supportive man-woman relationships and responsible sexual behavior,” said Ritu Priya of Jawaharlal Nehru University in New Delhi.⁴

AIDSCAP’s Vancouver satellite meeting on men, women and AIDS aims to facilitate discussion among men and women about HIV/AIDS, from personal conversations among individuals to decisions by policymakers.

The notion of dialogue has been virtually nonexistent until now in the design of HIV/AIDS prevention programs. The following questions are starting points for face-to-face exchanges at the satellite; to have a lasting impact, they must next be taken up by communities, families and individual couples.

- Do we need to create forums for discussing the men’s agenda for HIV/AIDS prevention?
- What types of programs and strategies best reach men and women, together and separately? What works? What doesn’t work?
- What are the best strategies for improving communication between men and women about HIV/AIDS prevention?
- How can men be incorporated into family-planning-based programs to prevent HIV/AIDS and other STDs?

- How can men be motivated to support economic opportunities for women, reducing women’s economic dependence and increasing their ability to protect themselves?
- How can the consensus reached in Beijing be incorporated into prevention efforts, from the grassroots to international levels?

This publication, *Dialogue Between the Sexes: Men, Women and AIDS Prevention*, provides a framework for considering these issues, particularly in developing nations. It is being distributed at the satellite meeting to provide reference material for participants, as well as to inform people in the HIV/AIDS prevention community about critical gender issues that will be raised in Vancouver. It notes the paucity of attention paid to men in HIV/AIDS prevention and the absence of an agenda for heterosexual men. By contrast, it examines the growing movement among women to address HIV/AIDS, as well as the role of men in this effort.

The AIDSCAP Women’s Initiative hopes that beginning with the dialogue in Vancouver, a new HIV/AIDS prevention paradigm for men and women can be developed and carried forward.

E. Maxine Ankrah
Associate Director, AIDSCAP Women’s Initiative

1. The Challenge

From its beginning, men have been devastated by the HIV/AIDS pandemic. About 55 percent of HIV/AIDS infections and the vast majority of deaths from AIDS are in men. However, in many countries, HIV rates are rising faster among women, and nearly half of all those currently being infected are women.⁶

A major reason that growing numbers of women are being infected with HIV is the unequal balance of power between men and women, which can make it impossible for women to protect themselves.

In recent years, global prevention efforts for women have tended to focus on what women should do, without balancing the needs and responsibilities of men, both as individuals and in their relationships.

The Fourth World Conference on Women in Beijing was a watershed event, highlighting HIV/AIDS as an issue on par with other women's health concerns for the first time. The Platform for Action, agreed upon by representatives of 189 nations, recommended a plan for HIV/AIDS prevention that underscores the need for strategies that empower women and encourage mutual responsibility of women and men.

"Informing women about AIDS is essential, but it is only a first step," WHO Director-General Dr. Hiroshi Nakajima said at the opening ceremony in Beijing. "The real challenge is empowering women to avoid exposure to infection, and supporting them to cope with AIDS. In all cases, it means that men must take on their fair share of the responsibility for AIDS care and for preventing transmission."⁸

The Vancouver conference is the first major world meeting on HIV/AIDS convened since Beijing. Its organizers have selected three "pathways." One of

Q: Why are women biologically more vulnerable to HIV?

A: Studies have shown that women are two to four times more likely than men to become infected with sexually transmitted diseases (STDs) after having intercourse with an infected partner.

During intercourse, a large quantity of semen is deposited directly onto cervical tissues, where it may remain for hours. Women are more likely than men to have asymptomatic or untreated STDs, such as damaged tissue or ulcerative sores that are not visible, allowing easier transmission of HIV into the blood. In fact, a demonstration project in Tanzania showed that treating STDs was a highly effective method for reducing HIV infections, particularly among women.⁹

these focuses on women and HIV, providing a unique opportunity for in-depth attention to gender issues in AIDS control.

AIDS in the Developing Regions

Although the causes of HIV/AIDS transmission vary from region to region, a number of universal factors contribute to its spread. The vast majority of HIV/AIDS infections are the result of heterosexual intercourse, abetted by high rates of STDs. Ninety percent of people with HIV and AIDS live in developing nations.

“The reasons for women’s vulnerability may have less to do with biology or behavior,” said E. Maxine Ankrah, associate director of the AIDSCAP Women’s Initiative, “than with fundamental issues of power and control.”¹⁰

Latin America and the Caribbean

PEOPLE WITH HIV AND AIDS

1.7 million adults

Male-to-female ratios

Central America/

Caribbean: 1.5 to 1

South America: 4 to 1

The proportion of men and women infected with HIV in Central America and the Caribbean is nearly equal, while the number of women infected in South America is escalating rapidly. Of particular concern in Latin America are a double standard for marital fidelity, migrations from rural areas to urban centers, and transmission between bisexual men and their male and female partners. In Brazil, where female sterilization is a major form of birth control, women find it difficult to insist on condom use by their male partners.


Sub-Saharan Africa

PEOPLE WITH HIV AND AIDS

12.9 million adults

Male-to-female ratio: 5 to 6

More than half of the adults currently being infected with HIV in Sub-Saharan Africa are women. Due to political and economic instability, men migrate from rural to urban areas, resulting in increased serial partnerships, or the rapid change of sexual partners. Female genital mutilation is also a concern: the traditional practice affects up to 85 million women and girls and is considered a contributing factor to the spread of HIV/AIDS.



Social and cultural factors that promote the spread of HIV among women include sexual subordination, rape, the commercial sex trade, young women having sex with older, HIV-infected men, a double standard for fidelity in marriage, and traditional ideas about male superiority.

Around the world, political instability, economic decline and military conflicts drain financial resources from public health. As a result, vast populations of women in developing countries have minimal access to reproductive health services.

More than two-thirds of the world's women are illiterate and 70 percent live in poverty, keeping them dependent on men for economic support or forcing them into commercial sex work.

South and Southeast Asia

PEOPLE WITH HIV AND AIDS

4 million adults

Male-to-female ratio: 2.5 to 1

Asia is expected to become the center of the HIV/AIDS epidemic in the 21st century, with the number of HIV infections equaling or exceeding those in Africa by the year 2000. The disease is currently most widespread in India and Thailand, but is escalating rapidly in other countries. Issues of particular concern to the region are the commercial sex trade, needle-sharing and lack of adequate blood screening.

Sources: Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization

2. Creating a New Dialogue

“Talking is how people understand each other.”
—Latin American saying

“Men and women need to reassess the way they see themselves and each other, the way they relate as husband and wife, partners, lovers, brothers and sisters, parent and child, colleagues and friends.”
—WHO’s *Women and AIDS: Agenda for Action, 1994*¹¹

It has become clear that prevention strategies that focus solely on condom use or faithfulness to one partner are of limited value to women in developing nations, who may silently fear the consequences of unprotected sex but can not change their partner’s behavior.

“Well-intentioned exhortations by women to change sexual practices, such as use of condoms or avoiding multiple partners, may fly in the face of reality for these women,” wrote Michael Mbizvo, Department of Obstetrics, and Mary Bassett, Department of Community Medicine of the University of Zimbabwe. “Simultaneous health education campaigns that target men are needed.”¹² For example, a 1993 study of HIV-positive women in Thailand discovered that 69 percent had

no identified HIV risk and no sexual partners other than their husbands.¹³

The Beijing Platform for Action, described in detail in the next section, sets forth specific goals and recommendations for improving gender relations and preventing HIV/AIDS in women, including the design of programs for men “aimed at providing accurate information on safe and responsible sexual and reproductive behavior” and the promotion of mutually respectful and equitable gender relations.

The missing link is dialogue between women and men. “Dialogue,” the exchange of ideas or opinions, can encompass a wide range of actions and communication processes—everything from conversations among individuals and consultations between service providers and clients, to the distribution of brochures and passage of government laws and policies.

To date, HIV/AIDS programs have focused more on technology than on promoting dialogue. The availability of the male condom and the focus on STD treatment may have inadvertently forestalled efforts to improve communication between men and women about protective sex. Nonetheless, innovative approaches to creating more balanced, gender-

sensitive dialogue and to encouraging the increased involvement of men in HIV/AIDS prevention are taking place around the world.

- **International Planned Parenthood Federation** made a commitment several years ago to better incorporate men into its family planning programs, with the goal of sensitizing men to gender issues, “as an essential element in ensuring women’s equality and an enriched couple relationship for both men and women.”¹⁴

- In Uganda, where an estimated 12 percent of the national population is infected with HIV, the **Ugandan Army** mandated a new code of conduct for its soldiers, forbidding sexual relations with unmarried girls.¹⁵

- An alliance called **Father’s Inc.** was formed in Jamaica to fight negative stereotypes of men and to provide counseling to teenage boys about parenting and STDs, including HIV/AIDS.¹⁶

- The **Population Council** trained community volunteers to reach men in several regions of Kenya where condom use was low. In addition to making home visits, they contacted men at em-

ployment sites, drinking establishments and men-only activities.¹⁷

- In 1995, the **AIDSCAP Women’s Initiative** initiated a series of gender and AIDS workshops for top policymakers in Tanzania, Kenya, Zimbabwe, South Africa and Ethiopia. The skills-building workshops developed methods for including gender issues in programs and national policies.

Other successful undertakings have included health education campaigns, call-in help lines, male sup-

AIDS is a development issue

“If I say that AIDS is a development issue, it’s not just because the impact of AIDS holds back the development process. It’s also because the social and economic conditions in the developing world leave people few real options for avoiding HIV in the first place.”

**—Peter Piot, Executive Director of UNAIDS,
World AIDS Day, December 1, 1995¹⁸**

port groups, workshops, and men-only hours at health clinics. All of these efforts are creative and important. Unfortunately, they are scattered attempts and do not reflect an underlying shift in how HIV/AIDS prevention is approached globally.

Likewise, programs such as these have not generated a mass movement among men to define their HIV/AIDS prevention agenda; nor have they inspired donors, program officers and policymakers to reexamine strategies based mainly on condom use.

In order to bring about sustained change, programs targeting men and women must systematically incorporate new thinking on gender and HIV/AIDS prevention.

Challenges to HIV Prevention

- **Sex education for youth is limited or absent from the curriculum in many schools; girls who lack access to education rarely benefit from prevention messages.**
- **Men resist the use of condoms and rarely wear them with their stable partners; in most cultures women can not refuse to have sex with their husbands or require condom use.**
- **Poverty may force women into commercial sex work.**
- **Peer pressure discourages men from changing their behavior; women may mistreat other women—for example, shunning women with HIV/AIDS.**
- **People with HIV/AIDS are stigmatized by family and community and discriminated against by public policies.**
- **Human rights are not universally perceived as women's rights, particularly in the design of HIV/AIDS prevention programs.**
- **Family planning services have not integrated HIV/AIDS prevention into reproductive health programs; men are not served by existing services, even though they are usually the family decision makers.**

3. Beijing Women's Conference

THE ROAD TO BEIJING

The international community did not officially acknowledge the fact that women were getting AIDS until 1990, when World AIDS Day, December 1, focused on women. Even the women's health movement of the past decade marginalized the issue until very recently. The International Conference on Population and Development in Cairo in 1994 barely recognized that growing numbers of women were being affected by HIV/AIDS; only a single international panel was devoted to women and HIV/AIDS. It was not until the Beijing conference in September 1995 that women's vulnerability to HIV/AIDS was recognized as an issue of global concern.

At the first UN women's conference in Mexico City in 1975, women's health issues were formally acknowledged worldwide. When the second UN World Conference on Women got underway in Copenhagen in 1980, the immune system disorder that later became known as HIV/AIDS was just beginning to manifest itself, primarily in men.

By the time the UN staged the third women's conference in Nairobi in 1985, HIV/AIDS was a recognized and mounting health concern. Nonetheless,

HIV/AIDS never surfaced as an issue in Nairobi, even though Kenya and the nearby nations of east and central Africa were at its epicenter. Globally, ten times as many men were known to be infected as women; prevention efforts targeted "high-risk" groups such as homosexual men, intravenous drug users, commercial sex workers and hemophiliacs. "Women as a whole were not believed to be in serious danger of contracting the virus, particularly monogamous and married women and young girls," Ankrah explains.¹⁹

In the years following the Nairobi conference, concern about women and HIV/AIDS mounted slowly. Several international meetings were held, and in 1993 a UNDP study concluded that girls and young women were "the next leading edge of the HIV/AIDS pandemic."²⁰

The Cairo conference's Programme of Action, adopted by 130 nations in 1994, did note the gender dimension of HIV/AIDS prevention. Recognizing the need to improve communication between men and women, it called for special efforts that "emphasize men's shared responsibility and active involvement in . . . sexual and reproductive behavior, family plan-

ning, and the acceptance of their major responsibility for the prevention of STDs, including HIV.”²¹

A GLOBAL BLUEPRINT FOR CHANGE

From August 30 to September 15, 1995, more than 30,000 women and 1,500 men from every corner of the globe convened for the Fourth World Conference on Women, the largest world gathering ever. While conference delegates met in Beijing, tens of thousands more convened at the concurrent NGO (Non-governmental Organization) Forum in Huairou, China. In a dramatic shift from the third women’s conference in Nairobi ten years earlier, HIV/AIDS—once believed to be a “man’s disease”—was affecting almost as many women as men.

World leaders called on nations to take action. “AIDS, which threatens whole families and sub-regions, demands the strongest possible response,” U.S. First Lady Hillary Rodham Clinton told the conference. “Governments and the international community must address head-on the growing number of women who are being infected.”²²

The main work of the conference was the completion of the Platform for Action, a truly remarkable

document. The Platform represents a consensus built by 5,000 delegates in collaboration with NGO representatives from 189 nations. The 140-page Platform is non-binding on nations, but represents a blueprint for guiding policy and a powerful tool for advocates to promote reforms at home.

Perhaps the most significant provision of the Platform, as far as HIV/AIDS prevention is concerned, is the section dealing with women’s universal right to control their sexuality. It states that women should be “free from coercion, discrimination and violence. Equal relationships between women and men. . . require mutual respect, consent and shared responsibility for sexual behavior and its consequences.”²³

This historic plank is the first time that a woman’s right to say “no” is recognized in a UN document. Advocates for this section explained that “for women who live in countries where husbands can legally force a wife to have sex even, for example, when a husband is infected with the virus that causes AIDS, the agreement can be used as a social and legal tool to ensure greater protection for women.”²⁴

Key statements in the Platform, while not specifically written to promote HIV/AIDS prevention, are also

linked to women's vulnerability. Some address broad societal concerns and obstacles, such as systematic rape in wartime, lack of education for girls, and discrimination against commercial sex workers. The Platform declares that the family is the basic unit of society and should be protected, and that women should have the free right to inherit property.²⁵

A three-page section deals directly with HIV/AIDS in women and girls. A major obstacle to safe sex, the Platform states, is the social vulnerability of women and unequal power relationships between men and women, as well as women's lack of power to insist on safe and responsible sexual practices. Girls are recognized as relatively more vulnerable to HIV/AIDS and STDs than boys or adults of either sex.

Most critically, the HIV/AIDS section of the Platform calls for full attention to the "promotion of mutually respectful and equitable gender relations." It recommends that programs be designed specifically for men and male adolescents, "aimed at providing complete and accurate information on safe and responsible sexual and reproductive behavior, including voluntary, appropriate and effective male methods for the prevention of HIV/AIDS and other STDs through

[among other things] abstinence and condom use."

The Platform for Action outlines 16 priorities for HIV/AIDS prevention, including:

- Review laws and combat practices that may contribute to women's susceptibility to HIV infection.
- Develop gender-sensitive programs and strategies to end social subordination of women and girls.
- Provide resources to women with HIV/AIDS and those who care for people with HIV/AIDS.

The challenges men face

"The [Platform for Action] recognizes the challenges that men face in balancing work and family. Often men want a greater role in families, but cultural biases discourage male involvement in many aspects of parenting and family life. The [Platform] seeks to overcome these biases by suggesting ways to encourage men."

**—Marjorie Margolies-Mezvinsky, Director,
U.S. Delegation to Beijing²⁷**

- Provide prevention information and promote peer education
- Support research into prevention methods and women-controlled HIV protection.²⁶

(The full text of the HIV/AIDS sections of the Platform for Action is printed on pages 21-22.)

4. AIDSCAP and the Platform for Action

The Platform for Action is not a mandate. The challenge for advocates, NGOs, donors and policymakers is to make it a living document that advances the goals of the Beijing women's conference. To meet that challenge, the AIDSCAP Women's Initiative is engaged in a number of areas.

In order to focus world attention at Beijing, the Women's Initiative spearheaded the Women and AIDS Coalition, an alliance of 10 organizations that reached out to community leaders, politicians and journalists by organizing dozens of events and activities, including panel discussions, film festivals and press conferences. September 5, 1995, was designated "International Women and AIDS Day."

An uphill struggle for change

"Despite what at times seems like an uphill struggle for change in many parts of the continent, women . . . now have a new policy model for female empowerment and legislative action against the epidemic. The Platform for Action . . . calls for all governments to review and amend laws and enact legislation against social-cultural practices that may contribute to women's susceptibility."

—Jane Kiragu, International Federation of Women Lawyers, Kenya²⁹

The alliance launched several initiatives at Beijing, which are being carried out by various organiza-

tions: a network to monitor and disseminate strategies for reducing women's vulnerability; support for increased research on microbicides; and a fund for HIV-positive or HIV-negative women in vulnerable situations.

In addition, to promote and encourage media attention to women and HIV/AIDS, the Women's Initiative, in collaboration with UNAIDS, announced the first journalism award for writing on women and HIV/AIDS. Nearly 130 submissions were received from more than 40 countries. The award will be presented at the Vancouver conference.

On November 30, 1995, USAID co-organized a conference in conjunction with the Women and AIDS Coalition called "Lessons Learned from Beijing." Participants agreed on several goals, including training community leaders, service providers and policymakers to advocate and develop programs linking anti-violence and HIV prevention. In addition, the participants will work to promote micro-enterprise programs that reduce women's economic dependence; increase educational opportunities for women; and motivate men to support women's economic and social initiatives.²⁸

By signing the Platform for Action, virtually every country in the world has agreed to develop a national action plan by the end of 1996. Along with the

UN, the AIDSCAP Women's Initiative and other organizations will participate in monitoring implementation of the HIV/AIDS recommendations.

5. New Voices: What Men and Women Say

In the two years since the Tenth International Conference on AIDS in Yokohama, Japan, there has been time for reflection on the course of HIV/AIDS prevention efforts. Since then, the HIV/AIDS epidemic has escalated and intensified while new voices and new ideas have emerged.

By taking into account how the majority of the world's women actually live and how the epidemic affects them, the Beijing women's conference set the stage for a new HIV/AIDS prevention paradigm. The HIV/AIDS prevention community must now take a hard look at women and girls in the epidemic.

The Platform for Action, agreed upon by 189 nations in Beijing, recognized that HIV/AIDS can not be stopped if women are marginalized. It urged that men take part, but did not dictate the course of action men should take. In order to encourage men to respond, a dialogue must be initiated.

AIDSCAP's Vancouver satellite meeting on men, women and AIDS is intended to break down the barriers that inhibit dialogue between men and women—an exchange without blame or shame. It

begins with the assumption that couples are not communicating with each other about HIV/AIDS, nor are prevention advocates encouraging dialogue in their programs and policies. As the epidemic mounts, many women have not yet learned to use dialogue as a way of protecting themselves; likewise, many men lack understanding about the importance of constructive exchange and are therefore reluctant to engage in the process.

Through awareness of the barriers that prevent people from talking about HIV/AIDS, and an exploration of ways to improve communication, a new prevention paradigm can be defined that includes both women's and men's agendas and results in mutually responsible actions.

It is crucial that HIV/AIDS prevention activities begin to promote and sustain direct dialogue between the sexes. HIV/AIDS is increasingly recognized as an epidemic affecting heterosexuals, with infections occurring most often when women and men are together. Stopping the epidemic will be a joint effort as well. The first step is for women and men to talk to each other, to listen, and then to act.

“There is a growing awareness that attitudes as well as behavior—both of individuals and of institutions—must change to take into account the real rights and real needs of women.”

—UN Secretary General Boutros Boutros-Ghali,
comments for Fourth World Conference on Women, Beijing³⁰

“The aim of Action for Gender Equality is to foster dialogue and awareness about the importance of gender equality as well as to counter the idea that gender equality is advocated only by women or only for the benefit of women. . . . Its benefits would accrue to all members of society.”

—Action for Gender Equality Alliance,
Harvard Center for Population and Development³¹

“Prevention efforts must continue to be built on values that support communication, shared responsibility and mutual respect between women and men. These efforts will radically redefine norms that define masculinity, male sexuality and the place of women in society.”

—Kathryn Carovano, United Nations Development Programme³²

“Men require respect and cooperation if they are to recognize the right to self-determination for women.”

—Dazon Dixon, Director of SisterLove, Women’s AIDS Project³³

“[One aspect] of a comprehensive approach [to women’s reproductive health] is the necessity of encouraging men to fulfill their responsibilities—in ensuring healthy pregnancies, child rearing, promoting women’s worth and dignity, preventing unintended pregnancies and stemming the spread of HIV/AIDS and other sexually transmitted diseases.”

—Tim Wirth, United States Undersecretary for Global Affairs³⁴

“Many past education efforts have perpetuated a predatory, violent, irresponsible image of male sexuality. This must stop.”

—Geeta Rao Gupta, International Center for Research on Women³⁵

“You can’t have a program for women unless you also work to change the behavior of the other half.”

—Wendy Githens-Benazerga, AIDSCAP PVO Grants Program officer³⁶

“Men are expected to be assertive and women passive in their sexual relationships. In some cultures, men expect sex with any woman receiving their economic support. Whenever these traditional norms predominate, the result is sexual subordination, and this creates a highly unfavorable atmosphere for AIDS prevention.”

—Michael Merson, then Executive Director, WHO Global Programme on AIDS³⁷

“Modern ‘multi-partnering’ carries little long-term commitment or financial responsibility and has become a feature of life for all men. . . . True, there are men who have sex only with their wives and men who are single and celibate; however, they are the minority. Not surprisingly, this configuration of sexual relationships has led to STDs becoming rampant.”

—Mary Bassett, Department of Community Medicine, University of Zimbabwe³⁸

“Merely breaking down the barriers faced by women on the labor market and in public life is not enough. The next breakthrough is a change in men.”

—Ingvar Carlsson, Prime Minister of Sweden³⁹

The Platform for Action on HIV/AIDS

The following is verbatim text from the Platform for Action sections that deal with HIV/AIDS. The goals set forth here were agreed upon by representatives of 189 nations at the Fourth World Conference on Women in Beijing on September 15, 1995.

Paragraph 98. HIV/AIDS and other sexually transmitted diseases (STDs), the transmission of which is sometimes a consequence of sexual violence, are having a devastating effect on women's health, particularly the health of adolescent girls and young women. They often do not have power to insist on safe and responsible sex practices and have little access to information and services for prevention and treatment. Women, who represent half of all adults newly infected with HIV/AIDS and STDs, have emphasized that social vulnerability and the unequal power relationships between women and men are obstacles to safe sex, in their efforts to control the spread of STDs. The consequences of HIV/AIDS reach beyond women's health to their role as mothers and caregivers and their contribution to the economic support of their families. The social, developmental and health consequences of HIV/AIDS and other STDs need to be seen from a gender perspective.

Strategic objective (C3): Undertake gender-sensitive initiatives that address STDs and HIV/AIDS, and sexual and reproductive health issues.

Actions to be taken

Paragraph 108. By governments, international bodies including relevant United Nations organizations, bilateral and multilateral donors and non-governmental organizations (section titles added):

Women in decision making

a) Ensure the involvement of women, especially those infected with HIV/AIDS or other STDs or affected by the HIV/AIDS pandemic, in all decision making related to the development, implementation, monitoring and evaluation of policies and programs on HIV/AIDS and other STDs;

Laws and policies

b) Review and amend laws and combat practices, as appropriate, that may contribute to women's susceptibility to HIV infection and other STDs, including enacting legislation against those socio-cultural practices that contribute to it, and implement legis-

lation, policies and practices to protect women, adolescents and young girls from discrimination related to HIV/AIDS;

Non-discriminatory policies

c) Encourage all sectors of society, including the public sector, as well as international organizations, to develop compassionate and supportive, non-discriminatory HIV/AIDS-related policies and practices that protect the rights of infected individuals;

Stigmatization and discrimination

d) Recognize the extent of the HIV/AIDS pandemic in their countries, taking particularly into account its impact on women, with a view to ensuring that infected women do not suffer stigmatization and discrimination, including during travel;

Social subordination of women/Enabling of men

e) Develop gender-sensitive multisectoral programs and strategies to end social subordination of women and girls and to ensure their social and economic empowerment and equality; facilitate promotion of programs to educate and enable men to assume their responsibilities to prevent HIV/AIDS and other STDs;

Community strategies

f) Facilitate the development of community strategies that will protect women of all ages from HIV and other STDs; provide care and support to infected girls, women and their families and mobilize all parts of the community in response to the HIV/AIDS pandemic to exert pressure on all responsible authorities to respond in a timely, effective, sustainable and gender-sensitive manner;

National programs

g) Support and strengthen national capacity to create and improve gender-sensitive policies and programs on HIV/AIDS and other STDs, including the provision of resources and facilities to women who find themselves the principal caregivers or economic support for those infected with HIV/AIDS or affected by the pandemic, and the survivors, particularly children and older persons;

Prevention education

h) Provide workshops and specialized education and training to parents, decision makers and opin-

ion leaders at all levels of the community, including religious and traditional authorities, on prevention of HIV/AIDS and other STDs and on their repercussions on both men and women of all ages;

Pregnancy and babies

i) Give all women and health workers all relevant information and education about STDs including HIV/AIDS and pregnancy and the implications for the baby, including breast-feeding;

Peer education and outreach

j) Assist women and their formal and informal organizations to establish and expand effective peer education and outreach programs and to participate in the design, implementation and monitoring of these programs;

Mutually respectful gender relations

k) Give full attention to the promotion of mutually respectful and equitable gender relations and, in particular, to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality;

Programs for men

l) Design specific programs for men of all ages and male adolescents, recognizing the parental roles [referred to in the Platform] aimed at providing complete and accurate information on safe and responsible sexual and reproductive behavior, including voluntary, appropriate and effective male methods for the prevention of HIV/AIDS and other STDs through [among other things] abstinence and condom use;

Universal access to prevention services

m) Ensure the provision, through the primary health-care system, of universal access of couples and individuals to appropriate and affordable preventive services with respect to STDs, including HIV/AIDS, and expand the provision of counseling and voluntary and confidential diagnostic and treatment services for women; ensure that high-quality condoms as well as drugs for the treatment of STDs are, where possible, supplied and distributed to health services;

High-risk behavior

n) Support programs which acknowledge that the higher risk among women of contracting HIV is

linked to high-risk behavior, including intravenous substance use and substance-influenced unprotected and irresponsible sexual behavior, and take appropriate preventive measures;

Research into prevention methods

o) Support and expedite action-oriented research on affordable methods, controlled by women, to prevent HIV and other STDs, on strategies empowering women to protect themselves from STDs, including HIV/AIDS, and on methods of care, support and treatment of women, ensuring their involvement in all aspects of such research;

Women-controlled protection

p) Support and initiate research which addresses women's needs and situations, including research on HIV infection and other STDs in women, on women-controlled methods of protection, such as non-spermicidal microbicides, and on male and female risk-taking attitudes and practices.

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